

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Jane Bently*Died at *Chestertown* ^{Town}*Kent* ^{County}

MARYLAND

Date
of death 1903

Month

June

Day

18

Age

Years

70

Months

Days

Sex

*Female*Color or
Race*Colored*Birth-
place*Kent Co.*Married, Single
or Widowed*Married*

Occupation

*Washer -*Name of ~~Wife or~~
Husband*James Bently*Father's
Name*Robinson Robinson*Father's
Birthplace*Kent Co.*Mother's
Maiden NameMother's
Birthplace*Kent Co*Name of person giving
information*James Bently*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

General Debility from age.

How long

Several yrs.

Immediate

General Debility

How long

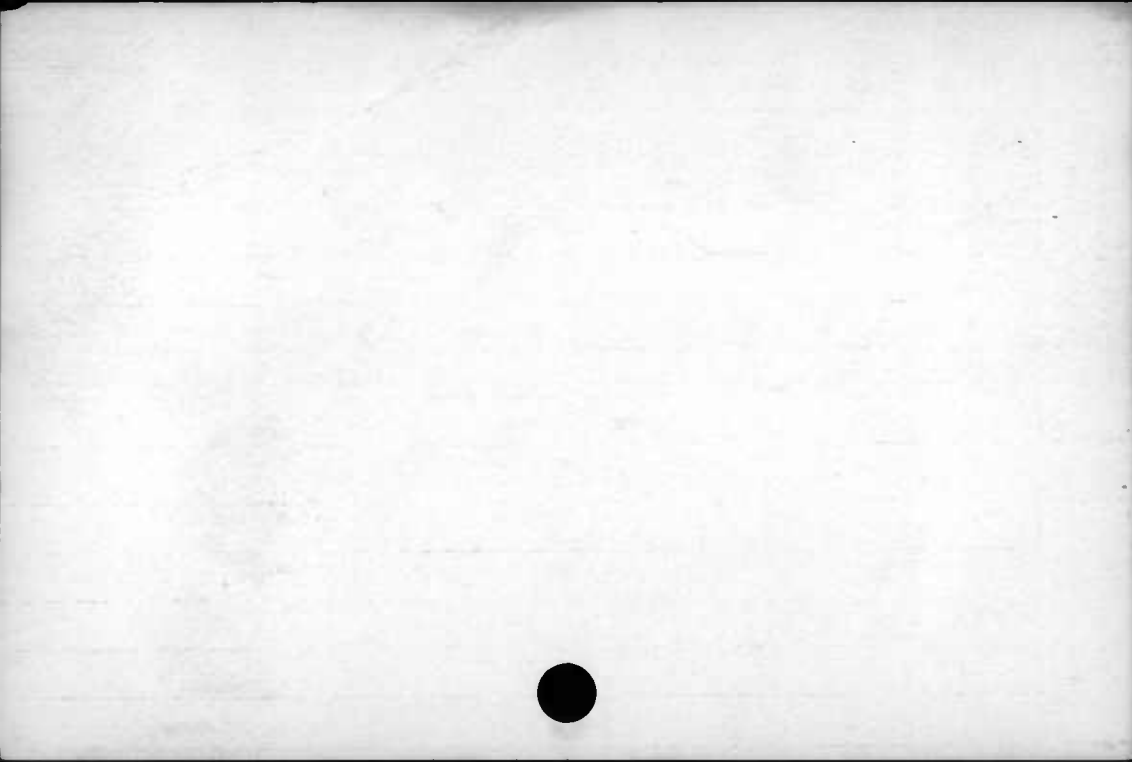
*dying about 6 yrs.*Are the name, age, sex, color, date
and place correctly given above? *Yes*Signature of
Physician*154 H. Benge Simmons*

Address

Chestertown

Accident or Suicide?

*No.**Ind*PHYSICIAN
OR CORONER



Name
in
Full

Louis Berry

CERTIFICATE OF DEATH

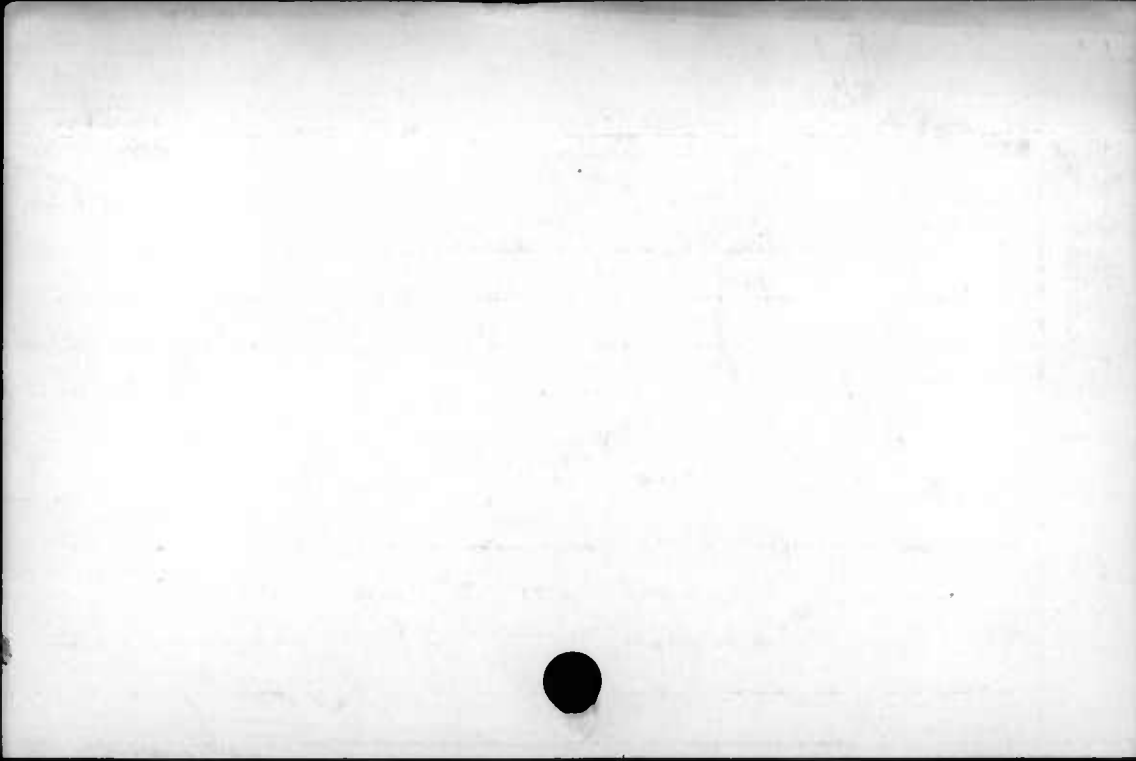
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Buckhack Phf</u> ^{Town}		<u>Kent-</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>6</u>	Day <u>6</u>	Age <u>49</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Color</u>	Birth-place			
Married, Single or Widowed <u>Yes</u>		Occupation <u>Deale Hand on St. Kitts, Knight</u>			
Name of Wife or Husband <u>Laura Berry</u>					
Father's Name <u>—</u>		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

Primary <u>Drowning</u>	How long <u>no time</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of <u>Henry Parr J. P. Acting Coroner</u>
	Address <u>Galena Ind</u>
Accident or Suicide <u>Accident</u>	

PHYSICIAN
OR CORONER



Name
in
Full

David Aldie Carter

CERTIFICATE OF DEATH

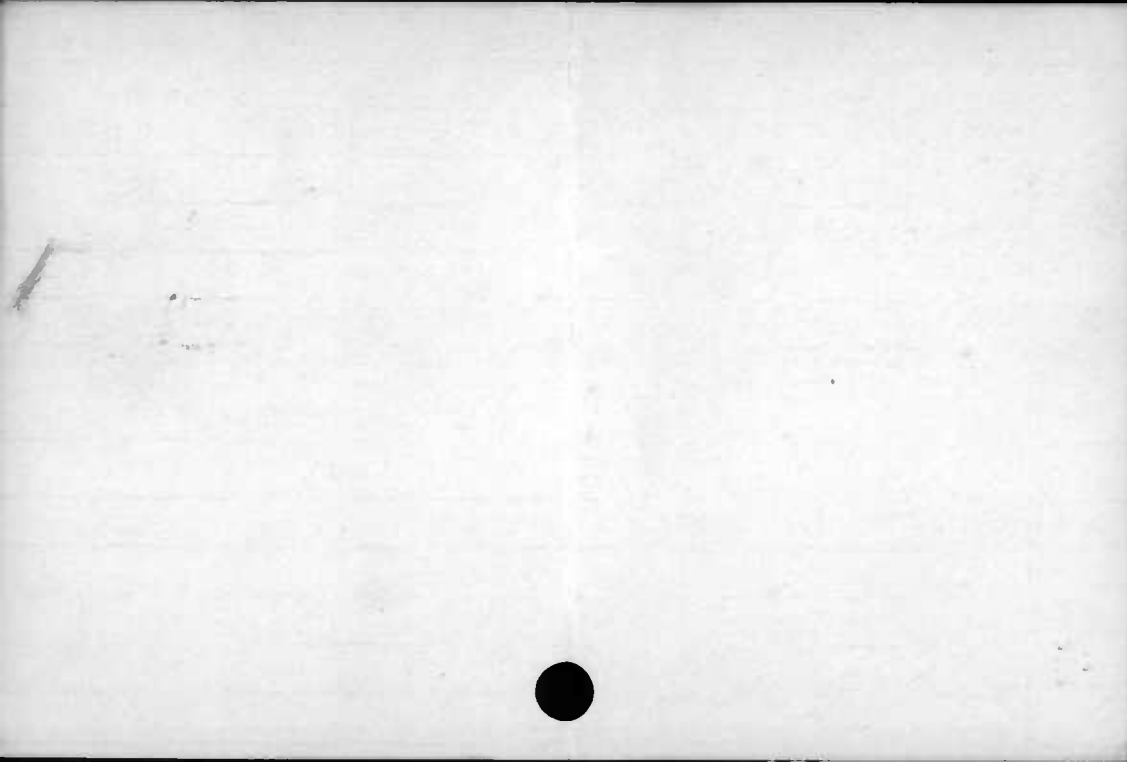
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Crumpton</i>		County <i>Kent</i>		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>16</i>	Age <i>2</i>	Months <i>8</i>	Days <i>10</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Queen Anne's Ind</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>David M Carter</i>			Father's Birthplace <i>Kent Co. Ind</i>		
Mother's Maiden Name <i>Mary Louisa Harris</i>			Mother's Birthplace <i>Queen Anne Ind</i>		
Name of person giving information <i>David M Carter</i>			How related to deceased <i>Father</i>		

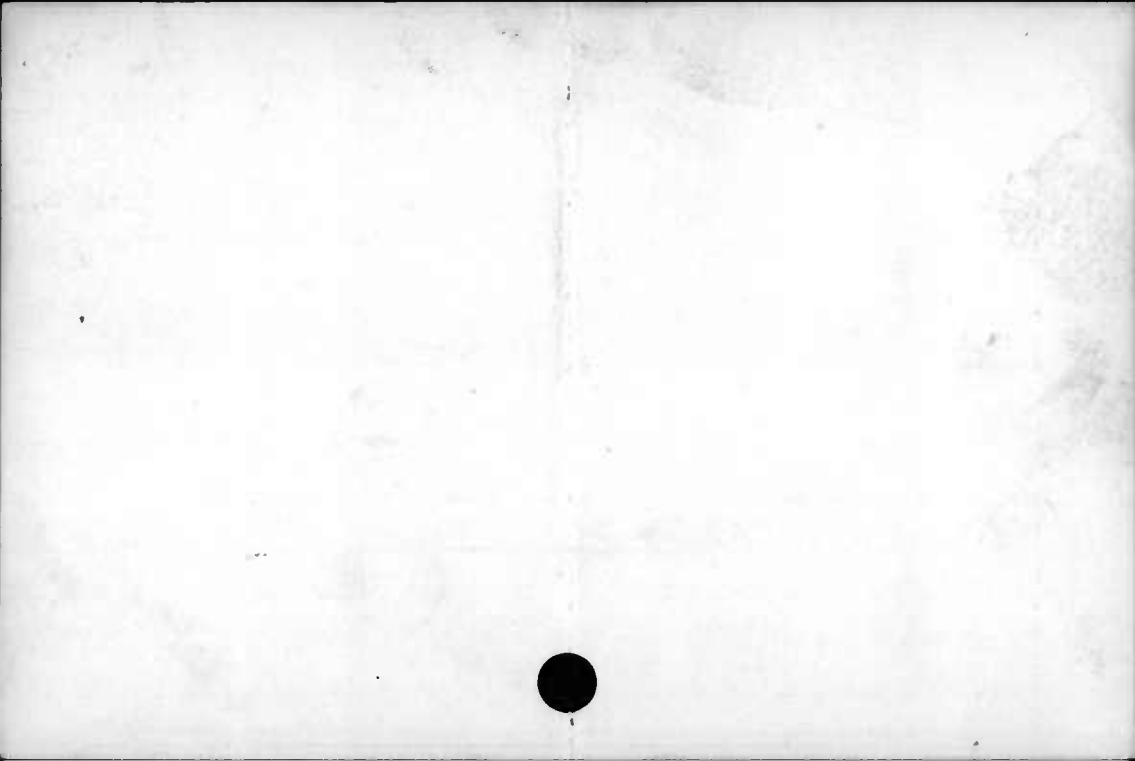
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>4 days</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. A. Sheppard M.D.</i>	
		Address <i>Crumpton Ind -</i>	
Accident or Suicide?			



Name in Full		Mary Louisa Carter				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Near Crumpton	County Kent		MARYLAND	
	Date of death 1903	Month June	Day 12	Age 8	Years	Months 1	Days 17
	Sex Female		Color or Race white		Birth-place Talbot Co Md		
	Married, Single or Widowed			Occupation			
	Name of Wife or Husband						
	Father's Name David M Carter				Father's Birthplace Kent Co, Md		
Mother's Maiden Name Mary Louisa Harris				Mother's Birthplace Queen A. Co "			
Name of person giving information D. M. Carter F. N. Sheppard				How related to deceased Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary			Diphtheria		How long 2 days	
	Immediate			"		How long "	
	Are the name, age, sex, color, date and place correctly given above?			Yes		Signature of Physician F. N. Sheppard M. D.	
	Accident or Suicide?					Address Crumpton Md	



Name in Full

Certificate of Death

Mabel Chambers

Town

County

MARYLAND

Died at

George Town

Kent.

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

June 20

Age

2 15

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Robert Chambers

Mother's

Maiden Name

Clara Washington

Cause of

Primary

Cerebral irritation

How long sick

2 days

Death

Immediate

Convulsions

Accident, Suicide, Homicide

Reported by

Frank W. Smith

M 2

Address

Fork

N.H.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

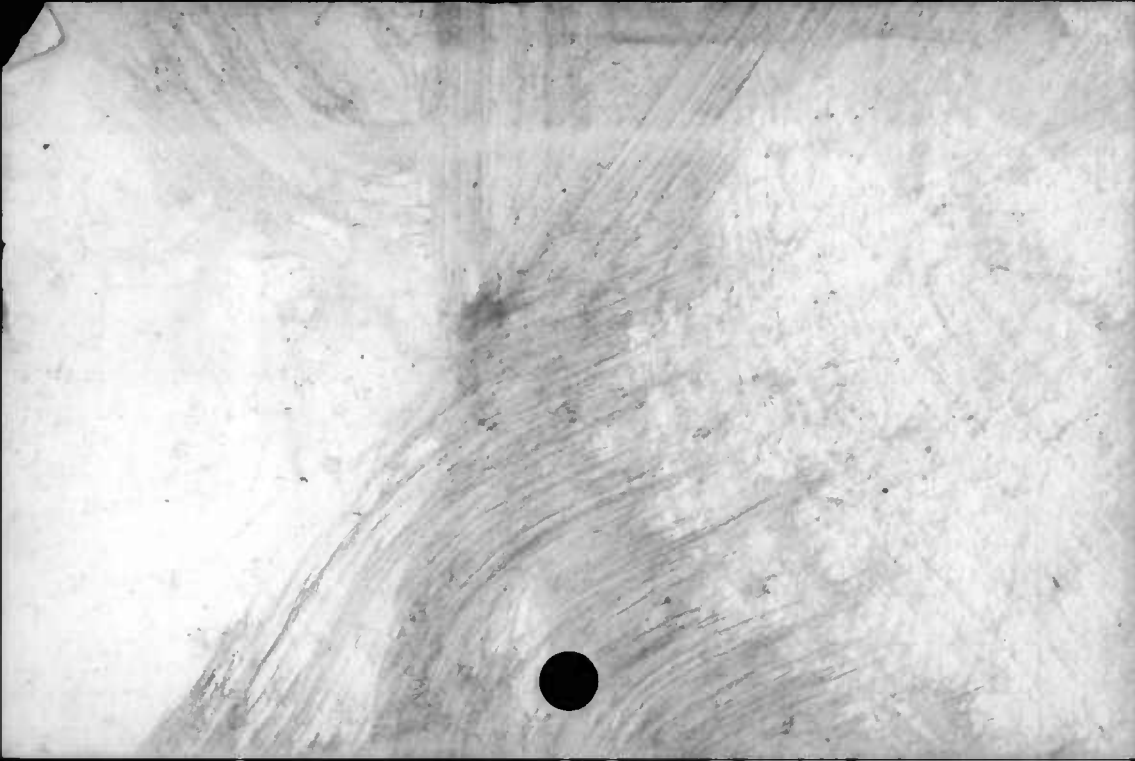
LIBRARY BUREAU, 79808



Name in Full		Bessie Catherine Cohee				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <u>Chestertown</u>		County <u>Kent</u>		MARYLAND
	Date of death 190 <u>3</u>		Month <u>June</u>		Day <u>15</u>		Age <u>—</u>
	Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Chestertown</u>		Months <u>5</u>
	Married, Single or Widowed <u>—</u>		Occupation <u>—</u>				
	Name of Wife or Husband <u>—</u>						
	Father's Name <u>Robert W. Cohee</u>				Father's Birthplace <u>Kent Co</u>		
	Mother's Maiden Name <u>Lillie G. Smith</u>				Mother's Birthplace <u>Kent Co</u>		
	Name of person giving In formation <u>Robert W. Cohee</u>				How related to deceased <u>Father</u>		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary <u>Acute Ileo-colitis</u>				How long <u>2 weeks</u>		
	Immediate <u>Convulsions</u>				How long <u>10 1/2</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>H. G. Simpser</u>		
					Address <u>Chestertown, Kent Co</u>		
	Accident or Suicide? <u>No</u>						



Name in Full		Samuel Sylvester Collins				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Town <i>Sassafras</i>		County <i>Kent</i>		MARYLAND	
		Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>24</i>	Age Years <i>13</i>	Months <i>2</i>	Days <i>4</i>
		Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth- place <i>Wilmington Del</i>			
		Married, Single or Widowed <i>Single</i>		Occupation _____			
		Name of Wife or Husband <i>not married</i>					
PHYSICIAN OR CORONER		Father's Name <i>John E Collins</i>		Father's Birthplace <i>Caroline Co Md</i>			
		Mother's Maiden Name <i>Josephine Collins</i>		Mother's Birthplace <i>Wilmington Del</i>			
		Name of person In formation <i>Josephine Collins</i>		How related to deceased <i>Mother</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Matas mus</i>		How long <i>4 month</i>			
		Immediate <i>Enteritis</i>		How long <i>2 weeks</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. Hought M.D.</i>			
				Address <i>Warwick Ind</i>			
		Accident or Suicide?					



Name
in
Full

Mary Cotton

CERTIFICATE OF DEATH

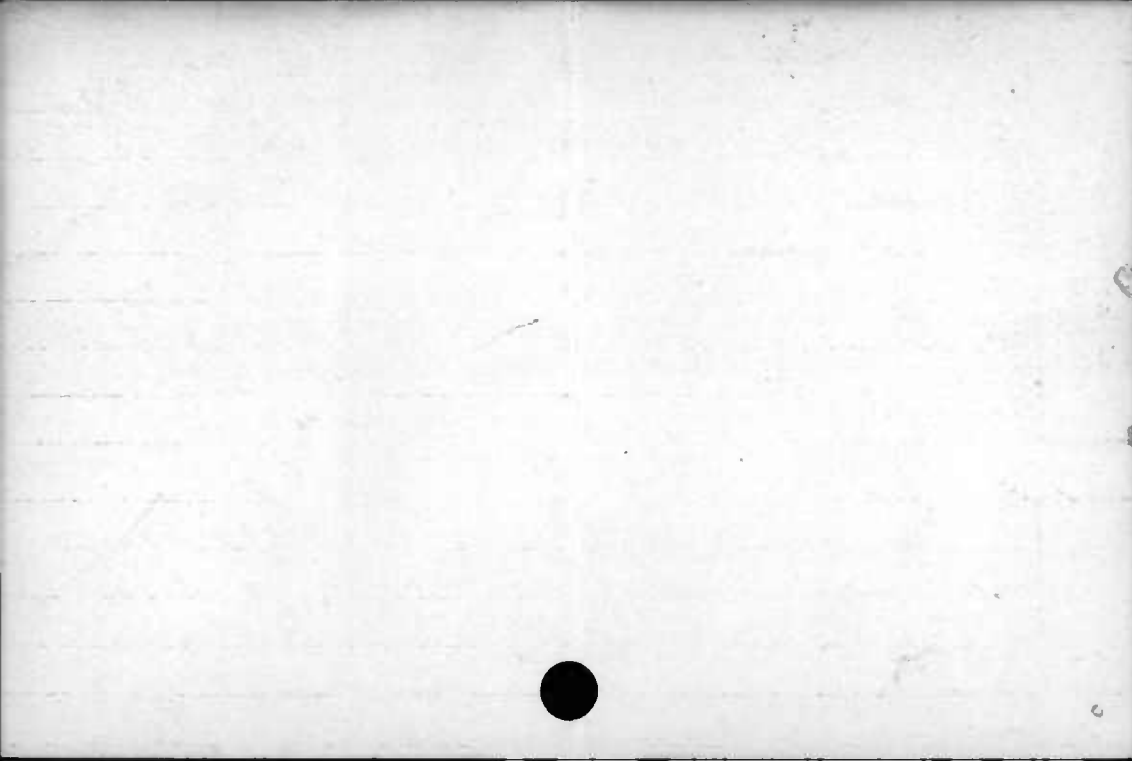
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Melittola</i>		County <i>Kent Co Md</i>		MARYLAND	
Date of death 190	3	Month	June	Day	30
Age	22	Years	22	Months	10
Sex	Female	Color or Race	Colored	Birth-place	Kent Co Md
Married, Single or Widowed	Single	Occupation	Housework		
Name of Wife or Husband					
Father's Name			John R. Cotton		
Father's Birthplace			Somerset Co		
Mother's Maiden Name			Georgia Davis		
Mother's Birthplace			2 Co County		
Name of person giving information			John R. Cotton		
How related to deceased			Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Measles</i>	How long	<i>10 days</i>
Immediate	<i>Consumption</i>	How long	<i>4 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>John H. Hesser</i>	
Address		<i>Hanesville Md</i>	
<i>J</i>			



Name in Full

Certificate of Death

Alice Anna Cuscuttle

Died at Chestnut

Town

County

Kent-

MARYLAND

Date 1891903

Month

Day

629Age 64 Y. 10 M. 9 D.

Native of

Kent Co Md

Occupation

HousewifeMale

White

Married

Widow

Divorced

Female

ColoredSingleWidower

Number of children living

4

Husband

Wife

Father's

Name

Cause of

Primary

bronchitis

Death

Immediate

asthma

Mother's

Name

Clara Ann Beck

How long sick

18 monthsAccident Suicide Homicide

Reported by

Wm Frank Herries MD

Address

Chestnut
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65063



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Henry Clay Deringer</i>		Town <i>Locust Grove</i>		County <i>Kent</i>		MARYLAND	
Died at <i>Locust Grove</i>		Month <i>June</i>		Day <i>10</i>		Years <i>47</i>	
Date of death 190 <i>3</i>		Months <i>11</i>		Days <i>10</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Delaware</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>none</i>					
Name of Wife or Husband <i>Alice Huth Deringer</i>							
Father's Name <i>Bronaugh M. Deringer</i>		Father's Birthplace <i>Philadelphia</i>					
Mother's Maiden Name <i>Estelena Woodland</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Mrs. Alice H. Deringer</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dilatation of heart & lack of compensation</i>		How long <i>5 months</i>	
Immediate <i>Dilatation of heart & oedema of lungs</i>		How long <i>two weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>G. Froie Danovich M.D.</i>	
		Address <i>Kennedyville, Kent Co., Md.</i>	
Accident or Suicide?			

Shrewsbury.

Name in Full

Certificate of Death

Mrs Alice Dillon

Town

County

Died at Chestnut

Kent

MARYLAND

1902 Month Day Y. M. D. Native of Occupation

Date 1902 6 22 Age 85 2 3 Ireland None

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living 3

Husband John Dillon

Wife

Father's Name Daniel Magrigan

Mother's Name Mary M. Dillon

Cause of Death { Primary Sinking, Thrombosis

How long sick 2 1/2 years

Immediate Cause of Death Circumstances

Accident, Suicide, Homicide

Reported by

St Francis Hospital

Address

Chestnut

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

Estelma H. Drwiger

CERTIFICATE OF DEATH

Town

County

Died at *Hundryville*

Hunt

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190 *1*

June

Age *14*

73

5

9

Sex

Female

Color or
Race

White

Birth-
place

Hunt Co., Md.

Married, Single
or Widowed

Married

Occupation

Lady

Name of Wife or
Husband

Father's
Name

Amare Woodland

Father's
Birthplace

Md.

Mother's
Maiden Name

Morita Vivian

Mother's
Birthplace

Penn.

Name of person giving
In formation

L. B. Kelley

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

*Pharyngeal
Gastritis*

How long

Two days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

*J. Woodland Kelley
Hundryville,
Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name In Full

Certificete of Deeth

Elmer *Q. S. Gale*
Town County
Died at *Camden* *MD* MARYLAND
Date 19 *2* *5* *6* *24* Y. M. D. Age *23* *Married*
Male White Married Widow Divorced
Female Colored Single Widower Number of children living *6*
Husband of *Mary*
Wife *John*
Father's Name *John* Mother's Maiden Name *Mary*
Cause of Death { Primary *Cardiac Thrombosis* How long sick
Immediate *Heart failure* Accident, Suicide, Homicide
Reported by *John*
Address *Elmer* *John*

Must be signed by physicien, if eny in ettendance, otherwise by coroner, undertaker or minister.



Name in Full		Bulah E Grathers				1	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Kent		Maryland			
		Date of death 1903		Month		Day	
		June		13		Age	
		16		Years		Months	
		Days					
		Sex		Female		Color or Race	
Birth-place		Chila					
Married, Single or Widowed		Single		Occupation		No occupation.	
Name of Wife or Husband							
Father's Name		Charles Grathers				Father's Birthplace	
Bristol Pa							
Mother's Maiden Name		Emma B Goodyear				Mother's Birthplace	
Chila Pa.							
Name of person giving information		Charles Grathers				How related to deceased	
Father.							

PHYSICIAN OR CORONER		CAUSES OF DEATH	
		Primary	
		Inflammatory Rheumatism	
		How long	
		2 weeks.	
Immediate		Acute Infectious Endocarditis	
How long		3 days.	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. Bruce Simmons	
Address		Chestertown Md.	
Accident or Suicide?		No	



Name in Full

Certificate of Death

Andrew Jackson Hyman

Died at ^{Town} Chestertown ^{County} Kent MARYLANDDate 189 ¹⁹⁰³ ^{Month} June ^{Day} 6 ^{Y.} 5 ^{M.} 9 ^{D.} 4 ^{Native of} Kent ^{Occupation} Marble cutterMale ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband of Mary A McCoody

Father's Name Thos Hyman Mother's Name Mary Walker

Cause of Death { Primary Suicide Immediate Cerebral Aneurysm How long sick 155 ~~Accident~~, Suicide, ~~Homicide~~

Reported by W. Frank Haines M.D.

Address N.Y. Simpers M. Co. Chestertown Kent Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

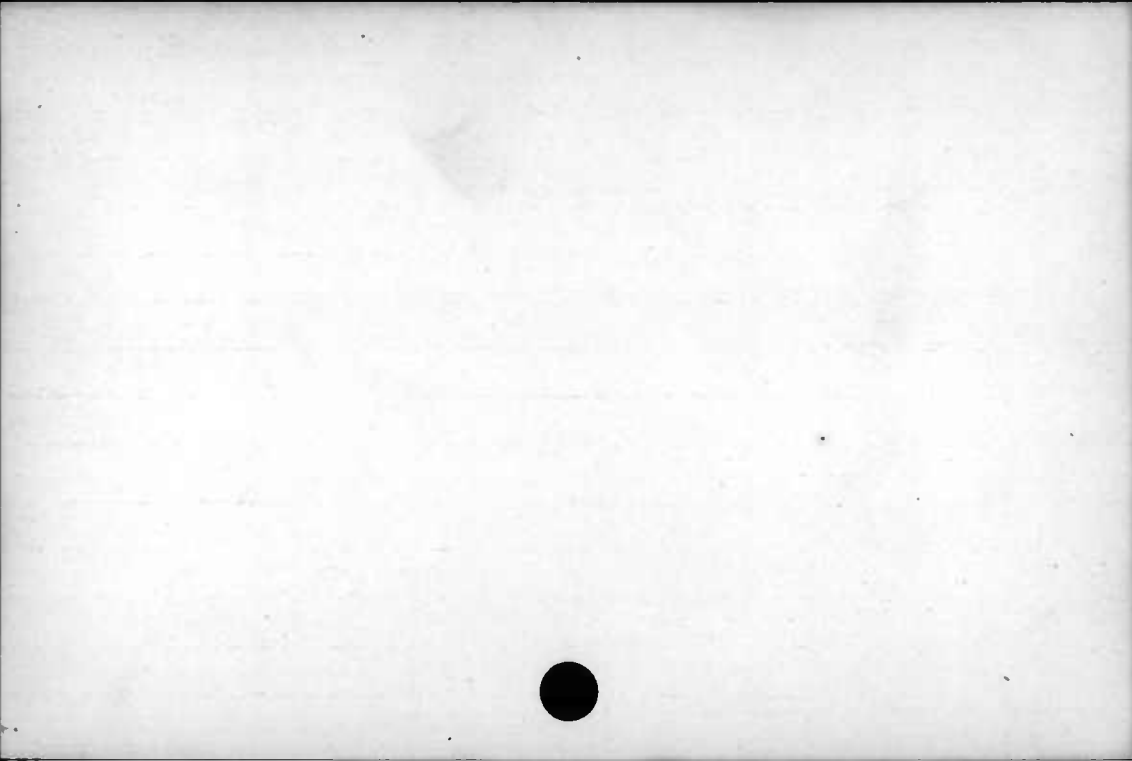
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sassanfron</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u>	<u>June</u> <small>Month</small>	<u>24</u> <small>Day</small>	Age <u>28</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>W. Va.</u>		
Married, Single or Widowed <u>married</u>			Occupation		
Name of Wife or Husband <u>Robert L. Johnson</u>					
Father's Name <u>Samuel Warren</u>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <u>27</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
Immediate <u>Tuberculosis</u>		How long <u>1 yr</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. M. Peter</u>
		Address <u>Sassanfron</u>
Accident or Suicide?		<u>md</u>



Name in Full *Clatia Joiner*
 Died at *Rock Hall* Town *Rock Hall* County *Kent Co* MARYLAND
 Date 1903 *June 11* Month *June* Day *11* Age *26* Y. *2* M. *6* D. *13* Native of *Ms* Occupation *—*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *—*
 Husband of *—*
 Wife *—*
 Father's Name *Ed. Joiner* Mother's Maiden Name *Clatia Hubbard*
 Cause of Death { Primary *Catarrah* Immediate *Exhaustion* How long sick *12 days* Accident, Suicide, Homicide ☐
 Reported by *W O Selby Mrs*
 Address *Rock Hall Kent Co.*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

unnamed-Schman

CERTIFICATE OF DEATH

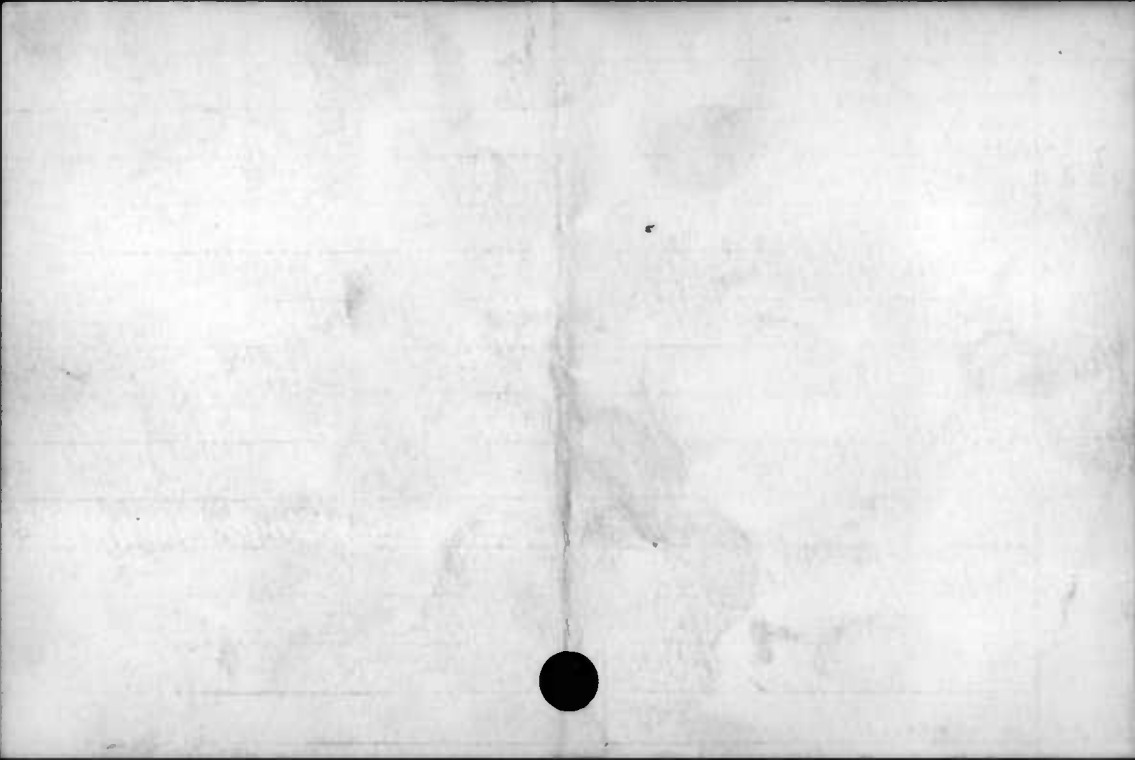
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Galva</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>6</i>	Day <i>4</i>	Age	Years	Months
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Galva</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband <i>Chas Schman Jr</i>					
Father's Name <i>Chas H Schman Jr</i>			Father's Birthplace <i>Balto Md</i>		
Mother's Maiden Name <i>Daisy Green</i>			Mother's Birthplace <i>Balto Md</i>		
Name of person giving information <i>Dr W. L. Limer</i>			How related to deceased <i>Physician</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Child birth</i>	How long
Immediate <i>Breech Presentation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. Limer</i>
	Address <i>Galva Md</i>
Accident or Suicide?	



Name in Full		Isaac Lockerman				CERTIFICATE OF DEATH												
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND											
	Mullington		md		Kent													
	Date of death 190	3	Month	June	Day	9	Years	Age	3	Months	—	Days	—					
	Sex	male		Color or Race				Birth-place	md									
	Married, Single or Widowed	Single				Occupation												
	Name of Wife or Husband																	
PHYSICIAN OR CORONER	Father's Name						Edward Lockerman						Father's Birthplace		md			
	Mother's Maiden Name						Ida						Mother's Birthplace		md			
	Name of person giving Information												How related to deceased					
CAUSES OF DEATH																		
PHYSICIAN OR CORONER	Primary						Intestine Colic						How long		106			
	Immediate												How long					
	Are the name, age, sex, color, date and place correctly given above?						Signature of Physician						W. H. Jacobs					
							Address						Mullington md					
Accident or Suicide?																		



Name
in
Full

Thomas Redmile

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Marbletown</i> <i>Stennedysville</i> ^{Town}		<i>Kent</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	<i>June</i> ^{Month}	<i>26</i> ^{Day}	Age <i>57</i> ^{Years}	<i>5</i> ^{Months}	<i>23</i> ^{Days}
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>England</i>		
Married, Single or Widowed <i>married</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband <i>Wilhelmina Lilcox</i>					
Father's Name <i>Benjamin T. Redmile</i>			Father's Birthplace <i>England</i>		
Mother's Maiden Name <i>Sarah</i>			Mother's Birthplace <i>England</i>		
Name of person giving information <i>Linwood Redmile</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis</i>	How long <i>6 w</i>
Immediate <i>Apoplexy</i>	How long <i>13 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. Irvin Barbick M.D.</i>
	Address <i>Stennedysville Md.</i>
Accident or Suicide?	

Henry Deville

Name
in
Full

Hamilton Rickman

CERTIFICATE OF DEATH

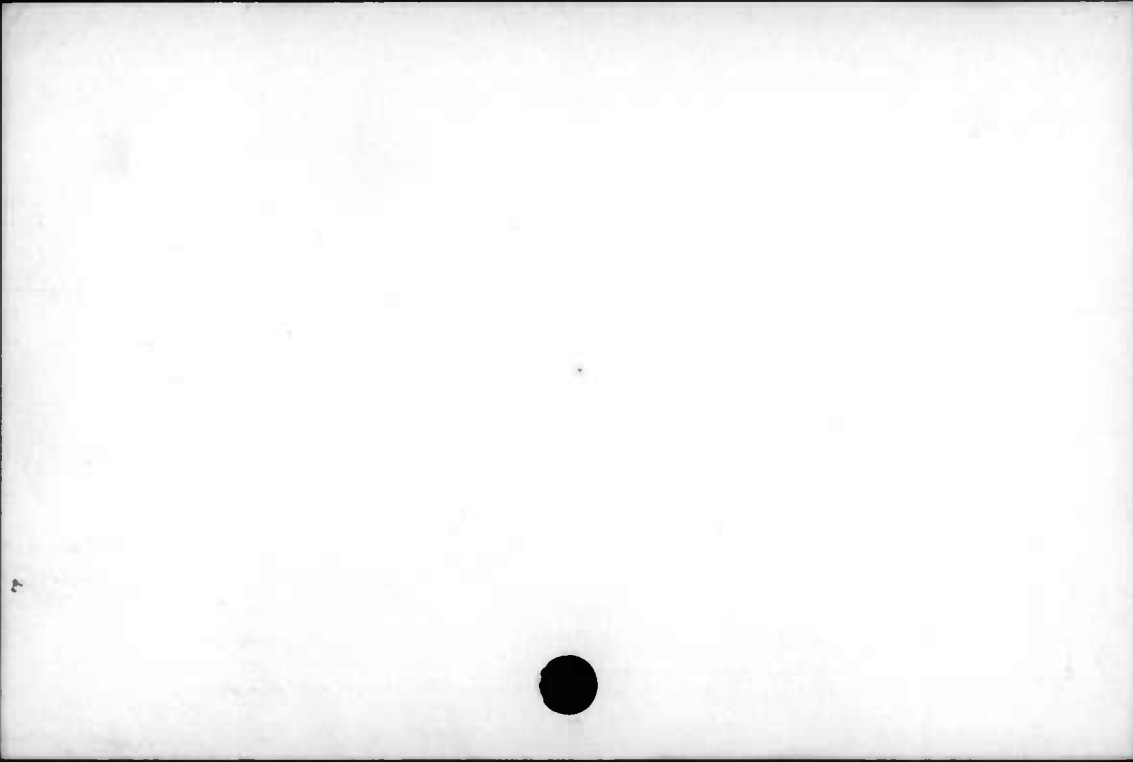
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chestertown</i> <small>Town</small>			<i>Kent</i> <small>County</small>			MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>25</i>	Age <i>—</i>	Years <i>—</i>	Months <i>3</i>	Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Chestertown</i>			
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>							
Father's Name <i>Chas. W. Rickman</i>				Father's Birthplace <i>Indiana</i>			
Mother's Maiden Name <i>Hannah Jamar</i>				Mother's Birthplace <i>Talbot Co</i>			
Name of person giving information <i>Chas. W. Rickman</i>				How related to deceased <i>Father</i>			

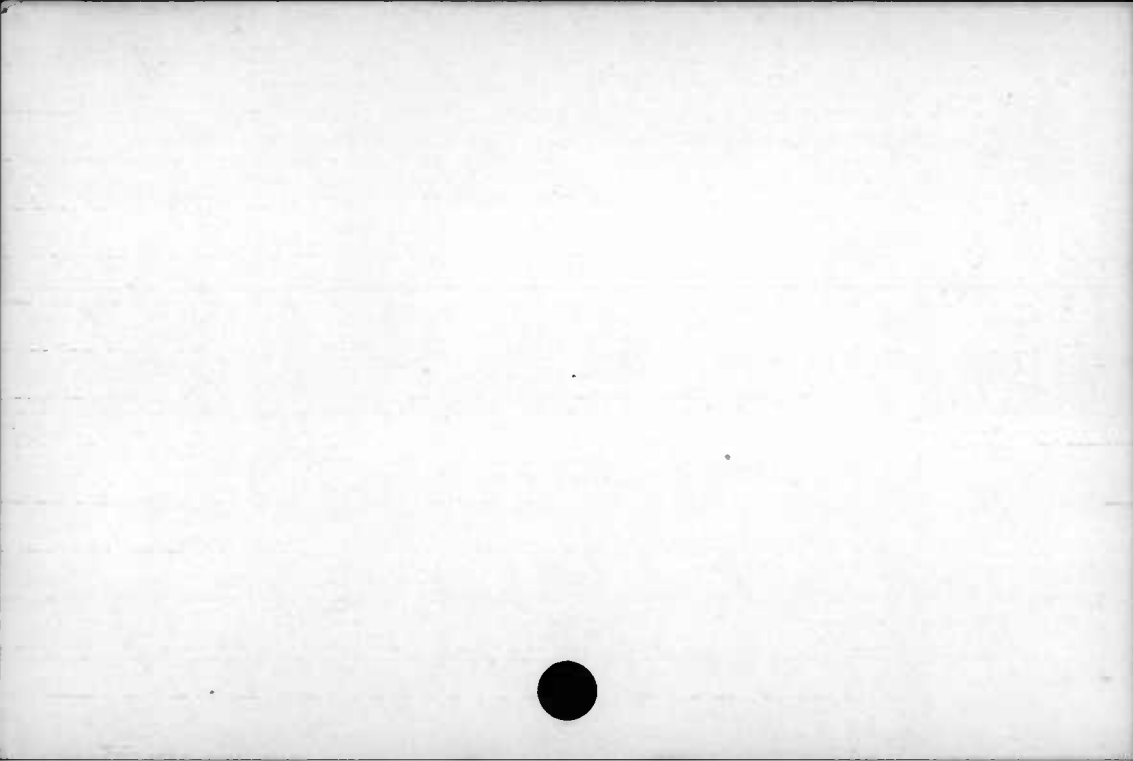
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>One month</i>
Immediate <i>Asthenia</i>	How long <i>several days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Simpers</i>
	Address <i>Chestertown, Kent Co</i>
Accident or Suicide? <i>No</i>	



Name in Full		Elizabeth Smith				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Chestertown</u> <small>Town</small>		<u>Kent</u> <small>County</small>		MARYLAND	
		Date of death 190 <u>3</u> <u>June</u> <small>Month</small>		<u>19</u> <small>Day</small>		<u>11</u> <small>Months</small>	
		<u>Female</u> <small>Sex</small>		<u>Black</u> <small>Color or Race</small>		<u>Chestertown</u> <small>Birth-place</small>	
		<u>Married, Single or Widowed</u>		<u>Occupation</u>			
		<u>Name of Wife or Husband</u>					
		<u>Father's Name Jacob Smith</u>			<u>Father's Birthplace Kent Co</u>		
		<u>Mother's Maiden Name Nadge Davis</u>			<u>Mother's Birthplace Kent Co</u>		
<u>Name of person giving Information Jacob Smith</u>			<u>How related to deceased Father</u>				
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <u>Whooping Cough</u>			How long <u>15 days</u>		
		<u>Convulsions</u>			How long <u>several hours</u>		
		Immediate					
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>W. G. Simpkins</u>		
					Address <u>Chestertown, Kent Co</u>		
		Accident or Suicide? <u>No</u>					



Name
in
Full

Margaret Elizabeth Stawley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lynch</u> Town		<u>Kent</u> County		6		MARYLAND	
Date of death 190 <u>3</u>	Month <u>June</u>	Day <u>23</u>	Age <u>—</u>	Years	Months <u>2</u>	Days <u>1</u>	
Sex <u>female</u>	Color or Race <u>white</u>	Birth-place <u>ind</u>					
Married, Single or Widowed <u>Single</u>		Occupation <u>none</u>					
Name of Wife or Husband <u>—</u>							
Father's Name <u>Alwyn Stawley</u>				Father's Birthplace <u>ind</u>			
Mother's Maiden Name <u>Lucy Robertson</u>				Mother's Birthplace <u>ind</u>			
Name of person giving information <u>Alwyn Stawley</u>				How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Marasmus</u>	How long	<u>since birth</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>105</u>	
<u>Yes.</u>		Address <u>Wm. S. Maxwell,</u>	
		<u>Still Pond, Md.</u>	
Accident or Suicide?			

J. H. Church

Name in Full

Certificate of Death

Wilmer Larkens Vanzant

Town

County

Died at

Pine Meek

Kent

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

June 20

Age

14 24

Male

White

Married

Widow

Divorced

~~Female~~

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Charles D. Vanzant

Mother's

Maiden Name

Lissy B. Coleman

Cause of

Primary

Gastro-Intestinal Catarrh, Acute.

How long sick

8 days

Death

Immediate

Cerebral congestion

Accident, Suicide, Homicide

Reported by

H. H. Ball M.D.

Address

Rock Hall

Kent Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

This child had Gastro-
Intestinal Catarrh, Acute,
Associated with Cerebral
Congestion, Stupor delirium and
Epileptiform Convulsions.

J. B. Hall M.D.
H

Name in Full

Certificate of Death

Margaret A. Walls

Died at

Salina

Town

County

Kent

MARYLAND

Date

1903

Month

June

Day

6

Y.

87

M.

D.

Native of

Queen Anne Co.

Occupation

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

~~Husband~~

of

James Walls

Wife

Father's

Name

Fox

Mother's

Name

Cause of

Primary

Bronchitis

How long sick

2 weeks

Death

Immediate

Accident Suicide Homicide

Reported by

Edward A. Scott, M.D.

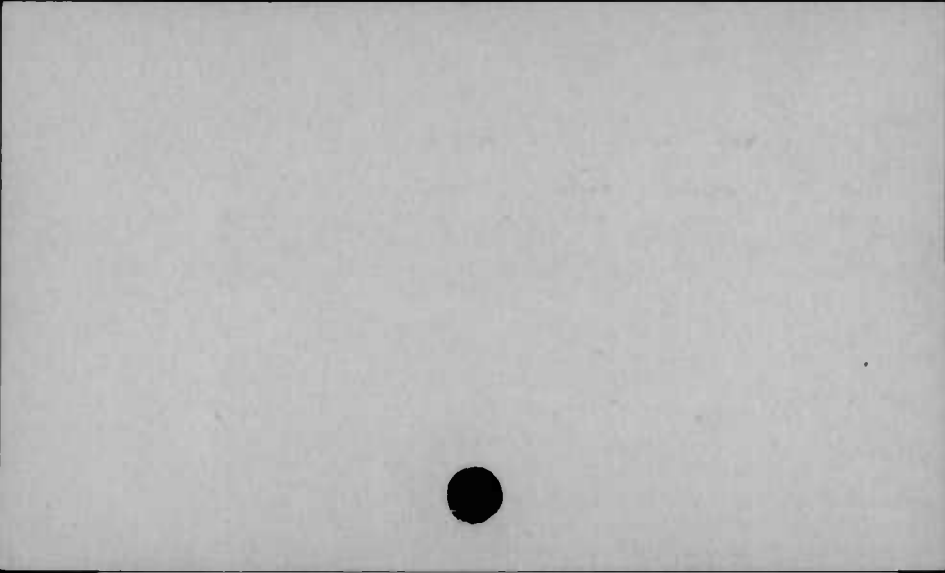
Address

Salina

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name
in
Full

Myrtle Higgins
Town *Newport* County *Kent*

CERTIFICATE OF DEATH

MARYLAND

Died at *Newport*
Date of death 1903 *June* Month *17* Day Age *1* Years Months *—* Days *18*

Sex *Female* Color or Race *Black* Birth-place *Newport*

Married, Single or Widowed *Single* Occupation

Name of Wife or Husband

Father's Name *George Higgins*

Father's Birthplace *W.D.*

Mother's Maiden Name *Noami Carter*

Mother's Birthplace *Baltimore*

Name of person giving information *John Carter*

How related to deceased *Grandfather*

CAUSES OF DEATH

Primary *Retention of Urine*

How long *Two months*

Immediate *Convulsions*

How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

J. H. Norton, M.D.
Newport, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

magnick

Name
in
Full

Still Bmrs. No New York

CERTIFICATE OF DEATH

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Years	Months	Days	
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	How long
	Immediate	How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address	
Accident or Suicide?		

